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S.D. SEC. OF STATE

State of South Dakota
Campaign Finance Disclosure Statement

Full Name of Committee: PATIENT CHOICE FOR SOUTH DAKOTA

JON CROW, JACK KAUP,

JCROW@SFSURGICAL.COM;

JACK.KAUP@BHSB.COM;

Chair -- Treasurer -- Candidate

Email (Optional)

910 EAST 20TH STREET SIOUX FALLS SD 57105

(605) 334-6736

Committee Street Address

Phone

Postal Street Address

JACK KAUP

(605) 721-4918

Name of Person Making Report

Daytime Telephone #

Evening Telephone #

If Candidate Committee, please note office being sought.

Political party affiliation (if any)

If Ballot Question Committee, Ballot Question Title

Supporting

Opposing

Initiated Measure 17



Type of Campaign Statement



Pre-Primary



Pre-Convention



Pre-General



Mid-Year



Year-End



Amendment



Supplement



Termination

VERIFICATION OF PERSON MAKING REPORT

I, Jack Kaup

(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty per day for each day that the statement remains delinquent.

01/13/2015

Date

Jack Kaup

Signature of Treasurer

County, municipal and school candidates file this statement with the person in charge of the local election.

Statewide PACs, political party, ballot question and other committees file this statement with the Secretary of State's Office

Secretary of State, Elections Department
500 East Capitol Ave., Ste 204
Pierre, SD 57501
of fax to 605-773-6580 or
e-mail to cash@state.sd.us

Fax and e-mail images must contain the signature (s) and the original must be filed in our office one week following the date the fax/e-mail was received.

INCOME

Direct Contributions from Individuals

Each type of contributor has thier own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	Amount
Enter Total of all unitemized contributions(\$100 or less each from individuals) here:	

Line item A1

Itemized Contributions from Individuals

Enter all itemized contributions(\$100.01 or more each from individuals) here:

Name	Residential (Street) Address	Amount
Itemized Contributions--Enter Total of all itemized contributions(\$100.01 or more each from individuals):		

Line item A2

Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot committee Questions may recieve direct contributions from organizations.

Name	Residential (Street) Address	Amount
SIoux FALLS SPECIALTY HOSPITAL	910 E. 20TH ST. SIOUX FALLS SD 57105	\$90,000.00
SIoux FALLS SPECIALTY HOSPITAL	910 E. 20TH ST. SIOUX FALLS SD 57105	\$20,697.25
BLACK HILLS SURGICAL HOSPITAL	216 ANAMARIA DRIVE RAPID CITY SD 57701	\$100,000.00
BLACK HILLS SURGICAL HOSPITAL	216 ANAMARIA DRIVE RAPID CITY SD 57701	\$20,697.25
MEDICAL FACILITIES (USA) HOLDINGS, INC.	910 E. 20TH STREET SIOUX FALLS SD 57105	\$200,000.00
SOUTH DAKOTA CHIROPRACTIC ASSOCIATION	1501 N. MAIN STREET MITCHELL SD 57301	\$5,000.00
DIAGNOSTIC RADIOLOGY SERVICES PROF., LLC	111 RAINBOW ST. YANKTON SD 57078	\$5,000.00
YANKTON MEDICAL CLINIC	1104 WEST EIGHTH YANKTON SD 57078	\$1,200.00
Itemized Contributions--Enter Total of all itemized contributions from organizations:		\$442,594.50

Line item B1

Direct Contributions from Political Parties

Contributions from Political Parties

Name	Residential (Street) Address	Amount
Enter total of all contributions from Political Parties here:		

Line item C1

Direct Contributions from In-State Political Action Committees

Contributions from South Dakota Political Action Committees

Name	Residential (Street) Address	Amount
Enter total of all contributions from South Dakota Political Action Committees or South Dakota Candidate Committees here:		

Line item D1

Direct Contributions from Out-of-State Political Action Committees

Contributions from Federal Political Action Committees

Name	Filing Web Address	Amount
Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here:		

Line item D2

Direct Contributions from Candidate Committees

Contributions from Candidate Committees

Name	Residential (Street) Address	Amount
Enter total of all contributions from Candidate Committees here:		

Line item E1

In-Kind Contributions

Non-cash contributions of goods and services and the estimated fair market value

Description	Name and Residential Address	Estimated Value
Enter total of all estimated in-kind contributions here:		

Line item F1

Other Income

Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution

Source of Income	Description of Income	Amount
Enter total of other income here:		

Line item G1

Loans Owed to Committee

Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

Name of recipient of loan, including address.	Amount of loan made during the reporting period	Amount of loan repaid during the reporting period	Balance of loan at the end of the reporting period
Enter total amount of loans owed to committee here:			

Line item Y3

Establishing and Administering Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.

Organizational Name and Categorical Description of Direct Funds	Amount
Enter total here:	

Line item H1

EXPENDITURES

Operational Expenditures

Categories have been provided for reporting common expenses. You may list other expense items at your discretion.

Campaign Expenses	Amount
Administrative	\$0.00
Advertising	\$335,025.02
Bank Fees	\$10.00
Consulting	\$174,046.06
Fundraising	\$0.00
Mailing	\$0.00
Office Supplies	\$0.00
Printing	\$0.00
Rent	\$0.00
Salaries	\$0.00
Travel	\$0.00
Enter total expenditures here:	\$509,081.08

Line item X1

Contributions Made to Candidates and Committees

Name of Candidate or Committee	Amount
Enter total of contributions to candidates or committees here:	

Line item X2

Debts and Obligations Owed by Committee

All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation

Owed to Creditors Name	Nature of obligation	Address	Amount
Enter total debt owed by committee here:			

Line item X3

Loans Owed by Committee

Report the amount of each loan owed by the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed by the committee at the end of the reporting period must be itemized.

Name of recipient of loan, including address.	Amount of loan made during the reporting period	Amount of loan repaid during the reporting period	Balance of loan at the end of the reporting period
Enter total amount of loans owed by committee here:			

Line item G2

SUMMARY OF INCOME AND EXPENDITURES

Balance of cash and cash equivalents on hand, If any, at the beginning of the reporting period:			\$66,486.58
		Credit	Debit
	Candidates Personal Contribution to Own Campaign (Family)	\$0.00	
Income:			
	Unitemized Contributions	\$0.00	
	Itemized Contributions	\$0.00	
	Contributions from Organizations	\$442,594.50	
	Contributions from Political parties	\$0.00	
	Contributions from In-State PAC's	\$0.00	
	Contributions from Out-of-State or Federal PAC's	\$0.00	
	Direct Contributions from Candidate Committees	\$0.00	
	In Kind Contributions	\$0.00	
	Other Income	\$0.00	
	Expenditures from an external source to establish a committee	\$0.00	
Expenditures:			
	Operational Expenditures		\$509,081.08
	Contributions to Candidates and Committees		\$0.00
Loan Activity:			
	Monetary loan made to candidate or Committee outstanding	\$0.00	
	Monetary loan made to candidate or Committee repaid during reporting period		\$0.00
	Monetary loan made by Committee outstanding		\$0.00
	Monetary loan repaid to Committee during reporting period	\$0.00	
	Debts and Obligations Owed by the Committee	\$0.00	
	Debts and Obligations Owed to the Committee		\$0.00
Amount on Hand at the end of the reporting period:			\$0.00

***Note: You cannot end the reporting period with a negative balance.**

County, municipal and school candidates file with the person in charge of the local election.

Ballot Question Contribution Statement

State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

☒ Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Sioux Falls Specialty Hospital, LLP

Date: 12-15-14 Signature: Daniel Schell

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address

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Name of Person Authorizing the Contribution: _____

Street Address: _____

Date: _____ Signature: _____

Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
Medical Facilities USA Holdings, INC.	910 E 20th Street Sioux Falls, SD 57104
Sioux Falls Surgical Physicians, LLC	910 E 20th Street, Sioux Falls, SD 57105

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: 12-15-14

President Signature: David Schell

Date: 12-15-14

SFSH- CFO
Treasurer Signature: Scott Marshall

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

Ballot Question Contribution Statement

State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

☒ Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Black Hills Surgical Hospital, LP

Date: 12/4/2014 Signature: [Signature]

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address

Name of Person Authorizing the Contribution: _____

Street Address: _____

Date: _____ Signature: _____

Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
Medical Facilities USA Holdings, Inc.	910 E. 20 th Street, Sioux Falls, SD 57105
Black Hills Surgical Physicians, LLC	1868 Lombardy Drive, Rapid City, SD 57703

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: 12/9/2014

President Signature: _____

Chairman of Management Committee

Date: 12/9/2014

Treasurer Signature: _____

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

* there is no position of President

Ballot Question Contribution Statement
State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

☒ Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Yankton Medical Clinic, P.C.

Date: 11-4-2014 Signature: [Signature]

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address